

217 First Street
P.O. Box 312
Orofino, ID 83544



Phone (208) 476-4725
Fax (208) 476-3634
email: citycouncil@orofino-id.com

City of Orofino

November 28th 2011

U.S. Environmental Protection Agency
NPDES Compliance Unit (OCE-133)
1200 Sixth Avenue, Suite 900
Seattle, Washington 98101
Attn: David Domingo

Subject: Request For Information response for permit ID-000105-8

Dear David Domingo,

In response to the Request For Information for the Water Treatment Facility, permit ID-000105-8 I would like to report that in explanation of reducing, eliminating and preventing future effluent exceedances the City of Orofino Water Treatment Facility has been diligent in the attempts to keep effluent quality well below the limits. We have in the past participated in the Performance Based Training to optimize the treatment in our facility to reduce the frequency of backwashing the filters. The facility has also introduced the addition of a filter aid to optimize coagulation to provide better filter performance. Decant procedures for the sedimentation basin have been implemented not only verbally but is in the BMP that has been developed. Even with all of the steps we have taken to improve this issue we are still challenged by the antiquated facility and unpredictable weather. For these reasons the City Of Orofino is building a new Membrane Treatment Facility and is currently in the design phase of the project. This new facility will address the issues we face with a facility that was built in 1953 and cannot at times meet limits due to design limitations.

The December 2009 DMR is included. A double test was done in error so the first results were used. This new copy reflects both testing results.

The QAP has been updated and rewritten to include details on the number of samples, type of sample containers, preservation, holding times, analytical methods, analytical detection and quantitation limits, precision and accuracy, shipping methods, lab delivery requirements, maps of sampling points, qualifications of personnel, names, addresses, and telephone numbers of labs used.

As stated previously a BMP plan has been developed for the facility and is in use at this time.

Written notification of duly authorized representatives for DMR reporting is included with this letter and was submitted prior.

If there is any further questions or responses needed please feel free to contact me.

Michael J. Martin


Water/Wastewater Supervisor
City of Orofino
(208)476-5051
orofinowwtp@yahoo.com

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City of Orofino

October 11, 2011

David Domingo
U.S. Environmental Protection Agency
1200 Sixth Avenue, Suite 900
Seattle, Washington 98101

RE: Discharge Monitoring Report – Authorization Signature

Please be advised that Michael Martin, the City of Orofino Water/Wastewater Superintendent has been authorized to sign monthly Discharge Monitoring Reports (DMR). It is my understanding that a letter of authorization is required to allow Mr. Martin to formally sign this report. Please accept this letter as formal authorization.

If I can be of any assistance or answer any questions whatsoever, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "R Smathers", with a long horizontal flourish extending to the right.

Ryan Smathers
Mayor

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: OROFINO, CITY OF
ADDRESS: P.O. BOX 312
 OROFINO, ID 83544
FACILITY: OROFINO, CITY OF
LOCATION: HWY 12 705 MAIN ST
 OROFINO, ID 83544
ATTN: LARRY ANNEN

PERMIT NUMBER
ID0001058

DISCHARGE NUMBER
001A

DMR Mailing ZIP CODE: 83544
MINOR (SUBR 04)

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
12/01/2009 TO 12/31/2009

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade 00010 10 Effluent Gross	.....	.....	.....	.....	3.3	deg C	0	WEEKLY	GRAB
	.....	.....	.....	.....	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity 00070 10 Effluent Gross	.....	.....	.....	.....	11.96	NTU	0	WEEKLY	GRAB
	.....	.....	.....	.....	Req. Mon. MO AVG	NTU		Monthly	GRAB
pH 00400 10 Effluent Gross	.....	.....	6.4	.....	6.9	SU	0	WEEKLY	GRAB
	.....	.....	.....	.....	INST MIN	SU		Weekly	GRAB
Alkalinity, total (as CaCO3) 00410 10 Effluent Gross	.....	.....	.....	.....	30	mg/L	0	WEEKLY	GRAB
	.....	.....	.....	.....	Req. Mon. MO AVG	mg/L		Monthly	GRAB
Solids, total suspended 00530 10 Effluent Gross	8.30	lb/d	.....	.....	41.5	mg/L	2	WEEKLY	GRAB
	MO AVG	lb/d	.....	.....	30	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 10 Effluent Gross	0.024	gal/d	.....	.....	.....	.....	0	ESTIMATE	GRAB
	Req. Mon. MO AVG	gal/d	.....	.....	.....	.....		Estimate	GRAB
Chlorine, total residual 50060 10 Effluent Gross	0.001	lb/d	.....	.....	0.03	mg/L	0	WEEKLY	GRAB
	MO AVG	lb/d	.....	.....	0.25	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MISHALL J CRACKLIN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Mishall J Cracklin

TELEPHONE
208 426-5351

DATE
01/04/2010

AREA Code NUMBER
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DMR T loss on 530 Basin Flazin so samples were taken from spillway cause higher readings

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: OROFINO, CITY OF
ADDRESS: P.O. BOX 312
 OROFINO, ID 83544

FACILITY: OROFINO, CITY OF
LOCATION: HWY 12 705 MAIN ST
 OROFINO, ID 83544

ATTN: LARRY ANNEN

ID0001058
PERMIT NUMBER

002-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 83544
MINOR (SUBR 04)

MONITORING PERIOD
FROM 12/01/2009 TO 12/31/2009

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
Thallium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
00982 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
Beryllium, total recoverable (as Be)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
00998 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
01074 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
01079 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB
01094 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	ug/L	0	Annual	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>(SUPERVISOR)</i> MICHAEL J MARTIN TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael J. Martin</i>	TELEPHONE 208 476-5051	DATE 03/22/2010
		AREA Code	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE ANNUAL SAMPLE MAY BE COLLECTED ANYTIME DURING THE YEAR, BUT MUST BE REPORTED ON THE DECEMBER DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: OROFINO, CITY OF
ADDRESS: P.O. BOX 312
OROFINO, ID 83544
FACILITY: OROFINO, CITY OF
LOCATION: HWY 12, 705 MAIN ST
OROFINO, ID 83544
ATTN: LARRY ANNEN

002-A
DISCHARGE NUMBER

002-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 83544
MINOR (SUBR 04)

MONITORING PERIOD
FROM 12/01/2009 TO 12/31/2009

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Aluminum, total recoverable	01104 10 Effluent Gross	*****	*****	*****	*****	ug/L	3830	Annual	GRAB	
Cadmium, total recoverable	01113 10 Effluent Gross	*****	*****	*****	*****	ug/L	0.7	Annual	GRAB	
Lead, total recoverable	01114 10 Effluent Gross	*****	*****	*****	*****	ug/L	2.0	Annual	GRAB	
Chromium, total recoverable	01118 10 Effluent Gross	*****	*****	*****	*****	ug/L	7.0	Annual	GRAB	
Copper, total recoverable	01119 10 Effluent Gross	*****	*****	*****	*****	ug/L	10.0	Annual	GRAB	
Antimony, total recoverable	01268 10 Effluent Gross	*****	*****	*****	*****	ug/L	2.0	Annual	GRAB	
Trihalomethane, tot.	82080 10 Effluent Gross	*****	*****	*****	*****	ug/L	1.7	Annual	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
(Signature)
MICHAEL J. MARTIN
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(Signature)

TELEPHONE
208 476-5251
AREA Code NUMBER

DATE
03/22/2010
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE ANNUAL SAMPLE MAY BE COLLECTED ANYTIME DURING THE YEAR, BUT MUST BE REPORTED ON THE DECEMBER DMR.

RECEIVED

3-19-10 gms

City of Orofino



Alchem Laboratories, Inc.

Phone: (208) 336-1172

Fax: (208) 336-7124

104 West 31st Street
Boise, Idaho 83714

http://www.alchemlabs.com
alchem@alchemlabs.com

Water, Soil and
Waste Water Analysis

LABORATORY REPORT

CITY OF OROFINO
P.O. BOX 312
OROFINO, IDAHO 83544

DATE COLLECTED 02/16/2010
TIME COLLECTED 09:30
DATE RECEIVED 02/18/2010
DATE REPORTED 03/15/2010
SUBMITTED : RICK BIRD

ATTENTION: MICHAEL MARTIN
SOURCE -: BACKWASH EFFLUENT

LAB SAMPLE NUMBER - 42490

Results reported unless noted: (Chemistry Analysis as mg/l) (Bacteria as organisms/100 ml)

ANALYSIS	RESULTS	DATE ANALYZED	ANALYST
ALUMINUM	3.33	03/12/2010	SQ
ANTIMONY	<0.002	02/26/2010	SQ
ARSENIC	0.003	02/26/2010	SQ
BERYLLIUM	0.0006	02/26/2010	SQ
CADMIUM	<0.0007	02/26/2010	SQ
CHROMIUM	0.007	02/26/2010	SQ
COPPER	<0.010	02/26/2010	SQ
LEAD	<0.002	02/26/2010	SQ
NICKEL	<0.003	02/26/2010	SQ
SELENIUM	<0.005	02/26/2010	SQ
SILVER	0.012	02/26/2010	SQ
THALLIUM	<0.01	02/26/2010	SQ
ZINC	0.017	02/26/2010	SQ

This report for the exclusive use of the client(s) to whom it is addressed. Its disclosure to others for use in advertising is not authorized. These results refer only to the specific sample tested and no interpretation is intended or implied.


Suzanne Myers, Laboratory Manager





Alchem Laboratories, Inc.

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Boise, Idaho 83714

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Water, Soil and
Waster Water Analysis

LABORATORY REPORT

CITY OF OROFINO
P.O. BOX 312
OROFINO, IDAHO 83544

DATE COLLECTED 12/08/2009
TIME COLLECTED 9:10
DATE RECEIVED 12/10/2009
DATE REPORTED 12/24/2009
SUBMITTED : MICHAEL MARTIN

ATTENTION: MICHAEL MARTIN
SOURCE -: BACKWASH SED BASIN DISCHARGES

LAB SAMPLE NUMBER - 41195

Results reported unless noted: (Chemistry Analysis as mg/l) (Bacteria as organisms/100 ml)

ANALYSIS	RESULTS	DATE ANALYZED	ANALYST
ALUMINUM	3.83	12/23/2009	SQ

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Suzanne Myers, Laboratory Manager